

P96000097334

D. THOMPSON  
P. O. BOX 41000  
ST. PETERSBURG, FL 33743

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. American Insurance Center of Florida, Inc. St. Petersburg  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 100002002791--7  
(Corporation Name) (Document #) -11/13/96--01097--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certified Copy

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 DEC -3 AM 10:19  
TALLAHASSEE, FLORIDA

W96-24307



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 18, 1996

DAVID THOMPSON  
P.O. BOX 41000  
ST. PETERSBURG, FL 33743

SUBJECT: AMERICAN INSURANCE CENTER OF FLORIDAA, INC.  
Ref. Number: W96000024307

We have received your document for AMERICAN INSURANCE CENTER OF FLORIDAA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days. Your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng  
Document Specialist

Letter Number: 896A00052329

ARTICLES OF INCORPORATION  
OF

AMERICAN INSURANCE CENTER OF ST. PETERSBURG, INC.

FILED  
96 DEC -3 AM 10:19  
TALLAHASSEE, FLORIDA

The undersigned Incorporator, for purposes of organizing a corporation under the Florida Business Corporation Act, states as follows:

ARTICLE I

NAME

The name of the corporation is  
AMERICAN INSURANCE CENTER OF ST. PETERSBURG, INC.

ARTICLE II

PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the corporation shall be 5144 Central Avenue, St. Petersburg, Florida 33707. The mailing address of the corporation shall be P. O. Box 41000, St. Petersburg, Florida 33743.

ARTICLE III

CAPITAL STOCK

The corporation is authorized to issue 500,000 shares of \$0.10 par value common stock, of which 200,000 shares shall be Class A Voting Stock and 300,000 shares shall be Class B Nonvoting Stock. Both classes shall have equal rights to

shareholder distributions and to liquidation proceeds.

#### ARTICLE IV

##### REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the corporation is 5144 Central Avenue, St. Petersburg, Florida 33707. The name of the initial registered agent of the corporation at that office is David A. Thompson.

#### ARTICLE V

##### DIRECTORS

The corporation shall have at least one (1) and not more than nine (9) directors. The number of directors may be increased or decreased from time to time as provided in the Bylaws, but shall never be less than one (1).

#### ARTICLE VI

##### INDEMNIFICATION

The Corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

#### ARTICLE VII

##### INCORPORATOR

The Incorporator is David A. Thompson, whose address is

5144 Central Avenue, St. Petersburg, Florida 33707.

IN WITNESS WHEREOF, the undersigned has executed these  
Articles of Incorporation this 26 day of November, 1996.

David A. Thompson  
David A. Thompson, Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this  
26 day of November, by David A. Thompson, who is  
personally known, and who did not take an oath.

Lisa L. Gunnin  
Lisa L. Gunnin  
NOTARY PUBLIC  
Serial # \_\_\_\_\_  
Notary Public, State of Florida  
Commission No. CC 569199  
My Commission Expires 01/15/00  
1-800-3-NOTARY • Fla. Notary Service & Licensing Co.

ACCEPTANCE BY REGISTERED AGENT

The undersigned is familiar with, and hereby accepts,  
the obligations of appointment as Registered Agent of  
American Insurance Center of St. Petersburg, Inc.

David A. Thompson  
David A. Thompson,  
as Registered Agent

RECEIVED  
TALLAHASSEE, FLORIDA

96 DEC -3 AM 10:19

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